

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois		INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle) GARVEY COURT, LLC		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 182 West Lake Street, suite 200 Chicago, IL 60601		MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Cook	ZIP CODE 60601	ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts		Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	
		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
VENUE		FILING FEE (Check one box)	
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor	Case Number	Date	
Relationship	District	Judge	
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY	
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3. a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			

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Name of Debtor GARVEY COURT, LLC

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) TOM ROSSINI	<input checked="" type="checkbox"/> Date Signed	<input checked="" type="checkbox"/> Signature of Attorney Adelman & Gettleman, Ltd.
Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity	TOM ROSSINI 15145 Chestnut Lane Oak Forest, IL 60452	Date 12/15/14 Name of Attorney Firm (If any) 53 West Jackson Street, suite 1050, Chicago, IL 60604 Address (312) 435-1050 Telephone No.
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) JOHN MARKUNAS	<input checked="" type="checkbox"/> Date Signed	<input checked="" type="checkbox"/> Signature of Attorney Adelman & Gettleman, Ltd.
Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity	JOHN MARKUNAS 4825 West 106th Street Oak Lawn, IL 60453	Date Name of Attorney Firm (If any) 53 West Jackson Street, suite 1050, Chicago, IL 60604 Address (312) 435-1050 Telephone No.
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) PETER MACUIBA	<input checked="" type="checkbox"/> Date Signed	<input checked="" type="checkbox"/> Signature of Attorney Adelman & Gettleman, Ltd.
Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity	PETER MACUIBA 2626 North Lakeview, #2205, Chicago, IL 60614	Date Name of Attorney Firm (If any) 53 West Jackson Street, suite 1050, Chicago, IL 60604 Address (312) 435-1050 Telephone No.
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
TOM ROSSINI (see above)	Promissory Note	47,091.65
Name and Address of Petitioner	Nature of Claim	Amount of Claim
JOHN MARKUNAS (see above)	Promissory Note	66,106.22
Name and Address of Petitioner	Nature of Claim	Amount of Claim
PETER MACUIBA (see above)	Promissory Note	42,416.51
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 187,357.28

continuation sheets attached

*+ interest, fees and costs
 **total of all four petitioners' claims

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
x _____ Signature of Petitioner or Representative (State title) TOM ROSSINI	x _____ Date _____ Signature of Attorney Adelman & Gettleman, Ltd.	
Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual TOM ROSSINI 15145 Chestnut Lane Signing in Representative Oak Forest, IL 60452 Capacity _____	Name of Attorney Firm (If any) 53 West Jackson Street, suite 1050, Chicago, IL 60604 Address (312) 435-1050 Telephone No. _____	
x <u>John Markunas</u> Signature of Petitioner or Representative (State title) JOHN MARKUNAS	x <u>Michael D. P...</u> 12/15/14 Signature of Attorney Adelman & Gettleman, Ltd.	
Name of Petitioner _____ Date Signed 12/15/14 Name & Mailing Address of Individual JOHN MARKUNAS 4825 West 106th Street Signing in Representative Oak Lawn, IL 60453 Capacity _____	Name of Attorney Firm (If any) 53 West Jackson Street, suite 1050, Chicago, IL 60604 Address (312) 435-1050 Telephone No. _____	
x _____ Signature of Petitioner or Representative (State title) PETER MACUIBA	x _____ Date _____ Signature of Attorney Adelman & Gettleman, Ltd.	
Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual PETER MACUIBA 2626 North Lakeview, Signing in Representative #2205, Chicago, IL 60614 Capacity _____	Name of Attorney Firm (If any) 53 West Jackson Street, suite 1050, Chicago, IL 60604 Address (312) 435-1050 Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner TOM ROSSINI (see above)	Nature of Claim Promissory Note	Amount of Claim 47,091.65
Name and Address of Petitioner JOHN MARKUNAS (see above)	Nature of Claim Promissory Note	Amount of Claim 66,106.22
Name and Address of Petitioner PETER MACUIBA (see above)	Nature of Claim Promissory Note	Amount of Claim 42,416.51
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 187,357.28



1 continuation sheets attached

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Continuation Sheet (Form 1003a) Page 4

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<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) TOM ROSSINI</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Adelman & Gettleman, Ltd.</p> <p>Name of Attorney Firm (if any) _____ 53 West Jackson Street, suite 1050, Chicago, IL 60604</p> <p>Address _____ (312) 435-1050</p> <p>Telephone No. _____</p>	
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) JOHN MARKUNAS</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Adelman & Gettleman, Ltd.</p> <p>Name of Attorney Firm (if any) _____ 53 West Jackson Street, suite 1050, Chicago, IL 60604</p> <p>Address _____ (312) 435-1050</p> <p>Telephone No. _____</p>	
<p><input checked="" type="checkbox"/>  Signature of Petitioner or Representative (State title) PETER MACUIBA</p> <p>Name of Petitioner _____ Date Signed <u>12/12/2014</u></p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/>  Signature of Attorney _____ Date <u>12/15/14</u> Adelman & Gettleman, Ltd.</p> <p>Name of Attorney Firm (if any) _____ 53 West Jackson Street, suite 1050, Chicago, IL 60604</p> <p>Address _____ (312) 435-1050</p> <p>Telephone No. _____</p>	
PETITIONING CREDITORS		
Name and Address of Petitioner TOM ROSSINI (see above)	Nature of Claim Promissory Note	Amount of Claim 47,091.65
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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> <u>Julie Rossini</u> Signature of Petitioner or Representative (State title) <u>JULIE ROSSINI</u> Name of Petitioner _____ Date Signed <u>12-17-2014</u> Name & Mailing _____ Address of Individual <u>15145 Chestnut Lane</u> Signing in Representative <u>Oak Forest, IL 60452</u> Capacity _____	<input checked="" type="checkbox"/> <u>Paul C. Gertleman</u> <u>12/15/14</u> Signature of Attorney _____ Date <u>Adelman & Gertleman, Ltd.</u> Name of Attorney Firm (If any) <u>53 West Jackson Street, suite 1050, Chicago, IL 60604</u> Address <u>(312) 435-1050</u> Telephone No. _____	
<input type="checkbox"/> _____ Signature of Petitioner or Representative (State title) Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<input type="checkbox"/> _____ Signature of Petitioner or Representative (State title) Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>JULIE ROSSINI (see above)</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>31,742.90</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims ** <u>187,357.28</u>

_____ continuation sheets attached

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